

Off

William VÁZQUEZ  
Plaintiff-Appellant

v.  
Village of Bensenville  
Defendant-Appellee

U.S.C.A. - 7th Circuit  
**FILED**

MAY 14 2008 DDS

**GINO J. AGNELLO** Motion For Permission to Appeal; in  
CLERK \_\_\_\_\_ Forma Pauperis

CASE # 08-2040

Appeal from U.S. Dist Court for  
the Northern Dist of Ill; Eastern  
Division.

Dist Court # 07CV6679

Dist Court Judge Ruben Castillo

Now Comes, William VÁZQUEZ, Plaintiff-Appellant,  
pro-se, Application for permission to Appeal; in  
Forma Pauperis. In Support of this I hereby state:

1. My income for 2008 should be less than current poverty level as established by U.S. Dept of Health + Human Services;
2. Dist Court # 07CV6679 has allowed me to proceed Forma Pauperis;
3. State of Illinois, County of DuPage, case #2005CM6830 found me to be indigent as of 22<sup>nd</sup> April, 2008.

For these reasons Plaintiff-Appellant prays this Court  
Allows me to proceed Forma Pauperis.

William VÁZQUEZ, pro-se  
100 North Mason, #302  
Bensenville, IL 60106  
(630)319-4181

William VÁZQUEZ pro-se  
plaintiff-Appellant

FILED

MAY 14 2008 YM  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

**AFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS**  
United States Court of Appeals  
for the Seventh Circuit

William VÁZQUEZ

Plaintiff-Appellant

v. Case No. 08-2040

Village of Bensenville  
Defendant-Appellee

- ) Appeal from the United States District Court for the
- ) Amherst District of Illinois, Eastern Div.
- ) District Court No. 1:07 CV 06679
- ) District Court Judge Rubén Castillo
- )

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Will V J

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 14 May 2008

My issues on appeal are: District Court denied by denying plaintiff's petition for habeas corpus without hearing. Plaintiff is suffering disparate treatment and retaliation from defendant, defendant's actions, agents/ spthon servants.

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 48,000	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 48,000	\$ N/A	\$ 0	\$ N/A

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
checkCFNPP	131 So. La Jolla, Ch 1C	3/2004 - 3/2008	6,000.-
Motorola	Schlesinger, Inc	10/2003 - 3/2004	4,000.-
Atronics	Pasment, Inc	2/2003 - 11/2003	2,000.-

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
D-N-A			
D-N-A			
D-N-A			

4. How much cash do you and your spouse have? \$ ~~100~~ 100.-

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Washington Mutual checking		40.00	D-N-A
None			
None			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
-38,000	None	<del>none</del> ≤ 500.-
None	—	Model: Dakota
None	—	Registration #: unknown at this time
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: D-N-A	D-N-A	D-N-A
Model: D-N-A	D-N-A	D-N-A
Registration #: D-N-A	D-N-A	D-N-A

## 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>None</u>	<u>-</u>	<u>-</u>
<u>None</u>	<u>-</u>	<u>-</u>
<u>None</u>	<u>-</u>	<u>-</u>

## 7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>None</u>	<u>-</u>	<u>-</u>
<u>None</u>	<u>-</u>	<u>-</u>
<u>None</u>	<u>-</u>	<u>-</u>

## 8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <u>1400.-</u>	\$ <u>D-N-A</u>
Are real estate taxes included? [ <input checked="" type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		
Is property insurance included? [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>200.-</u>	\$ <u>D-N-A</u>
Home maintenance (repairs and upkeep)	\$ <u>100.-</u>	\$ <u>D-N-A</u>
Food	\$ <u>500.-</u>	\$ <u>D-N-A</u>
Clothing	\$ <u>100.-</u>	\$ <u>D-N-A</u>
Laundry and dry-cleaning	\$ <u>100.-</u>	\$ <u>D-N-A</u>
Medical and dental expenses	\$ <u>100.-</u>	\$ <u>D-N-A</u>
Transportation (not including motor vehicle expenses)	\$ <u>200.-</u>	\$ <u>D-N-A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100.-</u>	\$ <u>D-N-A</u>
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ <u>100.-</u>	\$ <u>D-N-A</u>

Life	\$ <u>0</u>	\$ <u>D-N-A</u>
Health	\$ <u>0</u>	\$ <u>D-N-A</u>
Motor vehicle	\$ <u>0</u>	\$ <u>D-N-A</u>
Other: _____	\$ <u>0</u>	\$ <u>D-N-A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ <u>D-N-A</u>
Installment payments	\$ <u>0</u>	\$ <u>D-N-A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>D-N-A</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>D-N-A</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>D-N-A</u>
Other: <u>401(k) (opz)</u>	\$ <u>60.</u>	\$ <u>D-N-A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>D-N-A</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ <u>D-N-A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>D-N-A</u>
Total monthly expenses:	<u>2960</u>	\$ <u>D-N-A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes [ ] No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[ ] Yes  No If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

D-N-A

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[ ] Yes [X] No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

D-N-A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_ Your years of schooling: \_\_\_\_\_

Your social-security number: \_\_\_\_\_

William Vazquez, Plaintiff-Appellant

08-2040

Supplement to Affidavit Forma Pauperis  
Question #9.

#9.

Due to my current incarceration I have lost my job. I was living off savings but that has run out. I was incarcerated on 14<sup>th</sup> March, 2008 with an expected release date of 10<sup>th</sup> June, 2008. My total monthly expenses was listed on question #8 as \$2960. I will be able to reduce that a bit but not by more than 30% of \$2960. I do not see myself becoming employed during 2008 based on previous job search history and the current recession. I expect income for 2008 to be below the poverty line.

**PRINT NAME:** William Viazosieff

**DATE:**

4-23-2008

**HOUSING LOCATION: D/L**

POD

CEL

13

**CHECK ONLY ONE ITEM PER SLIP**

LEGAL

PUBLIC DEFENDER

**PROBATION**

CASE #

**COURT ROOM #**

## **ADMINISTRATIVE SERVICES**

- SEE WATCH SUPERVISOR
  - LAW LIBRARY
  - OUTDATE/WARRANT CHECK
  - HAIRCUT
  - LETTER OF INCARCERATION REQUEST

- GRIEVANCE  
 COMMISSARY AUDIT  
 TRUSTY WORK REQUEST  
 OTHER \_\_\_\_\_

JUST OF DUPAGE SOCIAL/EDUCATIONAL SERVICES

- ALCOHOLICS ANONYMOUS
  - NARCOTICS ANONYMOUS
  - ADDICTION EDUCATION/12 STEP
  - AL-ANON (FEMALE ONLY)
  - SUBSTANCE ABUSE COUNSELING
  - DOCE PASOS DE VICTORIA
  - ONE ON ONE COUNSELING
  - RELAPSE PREVENTION/HEALING ADDICTIONS
  - "TO COURT" LETTER (REQUEST OF ACTIVITIES ATTENDED)

- JOB READINESS
  - GED
  - BASIC COMPUTER TRAINING
  - ANGER MANAGEMENT
  - BOOK CLUB (FEMALE ONLY)
  - PARENTING (FEMALE ONLY)
  - TELEPHONE REQUEST

#### **JUST of DUPAGE RELIGIOUS SERVICES**

- CATHOLIC WORSHIP
  - MUSLIM WORSHIP
  - CHRISTIAN WORSHIP/BIBLE STUDY
  - CHAPLAIN, JUST of DUPAGE

- SCRIPTURE REQUEST (TYPE)**

**ESTUDIO DE LA BIBLIA EN ESPANOL**

**BIBLE STUDY CORRESPONDENCE COURSE**

## JAIL CHAPLAIN SERVICES

- DEACON ANDREW, CHAPLAIN       FATHER GREG, ASST. CHAPLAIN

**DUPAGE COUNTY HEALTH DEPARTMENT**

- HEALTH EMPOWERMENT (FEMALES ONLY)  
 OTHER

**DESCRIBE (Use Reverse Side if More Space is Needed)**

**DUPAGE COUNTY SHERIFF**

ODCCROTATOEPI517

April 25, 2008

Begin Date: 03/14/2008  
End Date: 04/25/2008

**Offender:** VAZQUEZ, WILLIAM  
**ID:** 00071419 **FBI ID:** 971235P8  
**SID:** IL19542570 **SSN:** 320-54-3923  
**Housing:** DPCJ, A BLDG, SECOND FLOOR, T-POD, 2-T-04B

110 CASH

TransDate	Transaction	Amount	Balance	Check No	Payer	Comments
03/14/2008	STARTING BALANCE		7.45			
03/17/2008	CASH	71.00	78.45			
03/17/2008	TB/TP	(0.75)	77.70			
03/19/2008	PC 944346632269-492	(10.00)	67.70			
03/20/2008	COMMISSARY	(19.95)	47.75			
03/24/2008	PC 319134959792-180	(20.00)	27.75			
03/27/2008	COMMISSARY	(14.65)	13.10			
03/28/2008	DIDNT RECV COMM/CREDIT	3.00	16.10			
04/03/2008	COMMISSARY	(12.65)	3.45			
04/10/2008	NAPERVILLE	75.00	78.45			
04/10/2008	COMMISSARY	(32.50)	45.95			
04/14/2008	PC 279652229486-192	(10.00)	35.95			
04/17/2008	COMMISSARY	(24.15)	11.80			
04/21/2008	HAIRCUT	(10.00)	1.80			
	Ending Balance		1.80			

United States Court of Appeals  
for the Seventh Circuit

William VÁZQUEZ  
Plaintiff-Appellant

v

Village of Bensenville  
Defendant-Appellee

U.S.C.A. - 7th Circuit  
RECEIVED

CASE # 08-2040 MAY 14 2008 COD

GINO J. AGNELLO  
CLERK

Appeal from U.S. Dist. Court  
for the Northern Dist of ILL,  
Eastern Division

Dist Court # 07CV6679

Dist Court Judge Rubeo Castillo

Notice of Mailing

To: Schindt + Luetkemann, P.C.  
Attorney for Village of Bensenville  
105 East Irving Park Road  
Itasca, Illinois 60143

You are hereby notified that on 5/12/2008 I mailed  
the following to the 7<sup>th</sup> Circuit Court of Appeals  
Notice of Appeal, Motion for Appellee's, Motion to appoint counsel  
Proof of Service

ON 5/12/2008, William VÁZQUEZ on oath states that I served this  
notice by mailing a copy to each person listed and depositing the  
same in the U.S. mail at Chicago Illinois with proper  
postage prepaid.

William VÁZQUEZ, pro-se  
100 North Marion St, #302  
Bensenville, IL 60106  
(319) 918-6300

William VÁZQUEZ, pro-se